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Child Welfare in a Democracy*

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AT the present time few will deny that the British system of living which gives the individual some chance, has its advantages over the German paternalism, even in the administration of charity. That this same chance is the divine right of the child cannot be disputed.

In this country we have not yet been able to concentrate as completely as we might have done on this phase of our social problem. This may be accounted for partly by the fact that our medical and nursing class has been severely crippled by the loss of those who have been called to active military duty. On the other hand, it has been difficult, removed as we are from the direct scene of action, to see the necessity for more strenuous efforts.

It may be wise under certain circumstances to place such work under the control of a Department of Public Health. In large municipalities where such a department is more likely to be thoroughly organized with a well-paid, respected and sympathetic chief, and under him various other equally efficient and active administrators in charge of various branches of the work which may possibly be considered necessary. In smaller centres of population there are many advantages in having Child Welfare work organized quite separately, and during the developmental stage at least, on a more or less of a philanthropic basis. In order to assure success interest must be developed amongst all classes. The importance of saving the life of the baby and caring for it in afterlife must be appreciated, not only by parents themselves but by those in high places whose duty it is to collect and supply funds for this work. The problem is one that affects all classes far more than tuberculosis, and in order to get real results the public must be fully roused not only to the importance of the work, but also the duty that is imposed on every citizen to do his share in helping to protect the child.

*Read in part before the Rotary Club in London, Ont.

The problem is not merely the question of saving a few lives but as it affects the conditions in life of those who live and who must be our future citizens, it becomes particularly important at the present time to see that all this work is carried on as successfully and effectively as possible. It is particularly important to solicit the co-operation of the general practitioner and through his interest and assistance, reach all classes.

I must freely admit that we are not entirely satisfied with the progress that has been made in our very midst. While we got away with an early start we have found it most difficult to interest more than a very few in the intimate features which have so much to do with the complete development of this work. We are still hammering away.

All of the various phases should be thoroughly studied by those who accept the responsibilities of this war duty. These should have a good general idea of the methods and progress in other communities and if possible by a personally conducted tour of a larger or even smaller group of enthusiasts.

The management of all the so-called charities, more than ever to-day, demands the highest grade of efficiency. No longer can it merely be the passing fad of some effluent and well meaning benefactor. All of the committees in charge of these should make it their business to "understand their job" and this in the full light of modern developments.

OUR EXPERIENCE.

I understand that you wish to have a brief history of our scheme of the Babies Dispensary Guild in Hamilton from the beginning. May our mistakes be a warning to others.

Some years ago Dr. Langrill, then Medical Health Officer and now Medical Superintendent of our City Hospital, brought before our Medical Society the question of obtaining a supply of milk guaranteed safe for infants. Nothing was done until the frightful mortality of the summer months reached such a height in 1908 that we realized that something should be done. As part of our Medical Society programme in 1909, this matter was again taken up. An effort was made to interest the Board of Health and City Council, and after various preliminary meetings, at which details were discussed, a combined deputation representing the Board of Health, Medical Society and various charitable organizations, waited on the Finance Committee of the City Council, asking for \$1000 towards the campaign for clean milk and including the establishment of depots at which might be distributed modified milk for infant feeding. This was refused as there were no funds on hand out of which such an amount could be set aside. These facts will illustrate how hard it is to get funds from municipalities for this kind of work.

The ladies of the Victorian Order of the city were so thoroughly impressed with the necessity for this work that they immediately guaranteed the necessary funds. A combined committee, consisting of representatives from their own organization, the Medical Society and the Board of Health, immediately took up the work of obtaining equipment and other details necessary for establishing these depots for infant feeding and preparation of the milk suitably modified.

A farm was chosen having necessary requisites as to cleanliness about the stables and surroundings. The cattle were tested with tuberculin and certified healthy by a competent veterinary.

In the way of equipment we had built and put together on the farm two portable shacks, each about ten feet square. One of these was used for a washing and sterilizing room, the other for modification of the milk and packing bottles for delivery. We obtained a second-hand boiler and had a box made out of plain lumber, and this was used as a sterilizer, using free steam generated by the boiler.

The bottles were obtained of a pattern known as a sterilizer bottle cylindrical in shape, graduated in half ounces, and each holding eight ounces. Owing to the lateness of the season, we had to be satisfied with the ordinary type, and we used ordinary corks and covered the same with melted paraffin.

The filling of the bottles with milk-sugar, water and milk in proper proportions was attended to by our trained nurses on the farm, as well as the bottle washing and sterilizing of all the utensils and gowns necessarily used in all these operations. One man assisted the nurses on the farm, carrying water, etc., and a boy with a wagon took charge of delivery to the city depots. The cattle were thoroughly washed about the udders and flanks before each milking; the milkers were supplied with sterilized gowns; they used sterilized milk pails of a covered type, having a small opening in the lid which was covered with a filter consisting of absorbent cotton and cheese cloth. As soon as the pails were filled they were carried at once to our milk house and chilled as quickly as possible by immersing the bucket in ice water; the milk was then dispensed in bottles as rapidly as possible, packed and iced ready for shipping to the city, which was about one hour's drive.

We located one of our depots in the building on the Market Square, known as the Butter Market; the other in the out patient department of the City Hospital, and the milk was sent in each morning to our depots for distribution. There the babies were weighed by the nurse in charge and the appropriate formula advised. Literature advising the mother with regard to home care was freely distributed. Through the kindness of one of our retail grocers, the milk was delivered to the homes of some fifty or sixty babies daily, free of charge.

The milk was sold at a nominal price of one cent per bottle, regardless of the amount of each. This was found to be ridiculously low, as many mothers were found to be getting milk put up in separate feedings and bottled under strict aseptic precautions at the rate of five cents per quart. However, the rapid increase in the demand justified the low price for introducing purposes.

There were only two mothers who were unable to pay the small amount asked and these were provided for by contingency funds arranged for by one of the ladies. Although the market price for wholesale milk is eighteen to twenty cents a gallon here the farmer insisted on seven cents a quart and you will see that we did not make much money at that price.

This work was carried on from July 21st to September 15th, 1909.

The following summer we found it impossible to obtain milk from the same producer or in fact from any other producer in the same locality of sufficiently guaranteed standard for certified milk. Under these circumstances it was necessary to move our plant to the city. We obtained a supply of certified milk from Erindale, twenty-five miles away. We continued as before to put up feedings according to set formulae and operated the plant from June 20th to September 15th, 1910. The experience of these years during the summer months proved a costly experience and showed little in the way of permanent results. As a result we decided to organize a separate charity to be known as the Babies Dispensary Guild of Hamilton.

Under this Guild the work was to be carried on, if possible, during the whole year. With organization and system, we would attempt to show something in the way of results and progress. It was proposed that this Guild should consist of members who paid an annual fee of five dollars, which members were to be asked to attend an annual meeting for the purpose of electing the various officers of management. A Provincial charter was obtained and the work actually begun.

In preparing the scheme for general organization we provided for a small executive, consisting of the President, secretary and treasurer and a representation of two from the Medical Board. Later we considered it wise to add two representatives from the Women's Board, an arrangement which has proven most satisfactory in many ways. This executive holds monthly meetings and has full charge of the management of affairs. We have an annually elected Trustee Board, consisting of at least twenty-four representative business men. This Board is called on to attend quarterly meetings and are asked to help in the annual collection of funds.

The Medical Board consists of nine members, three of whom are elected at the Annual Meeting for a period of three years. The Medical

Board elects the medical dispensary staff and have supervision over the medical side of the work. Monthly meetings are held for the consideration of routine business. Meetings are held with the medical staff for the discussion of the problems of infant feeding and infant mortality. Papers are read and current literature reviewed. Before election to the medical staff applicants are expected to attend at least twelve clinics in order to become acquainted with the routine work and also to demonstrate their special interest. A paper by the applicant bearing on infant care is submitted before election. In allotting duties to the Staff we endeavour to have men take clinics not in the immediate neighbourhood of their residence or office. The wisdom of such action is not necessary to be explained.

A most important feature of our work is the Women's Board. Their work consists in attacking the many aspects of the social side of the work, but more of this later.

We began the work with a central dispensary, where mothers could bring their babies at a stated hour for examination and advice as to the feeding and general care. A history card of each case is filled out, and after a brief investigation the mother and baby are sent into the doctor on duty at the clinic for his examination and report. The physician in attendance at each of these clinics is expected to investigate both the social and medical side of the work. He is not merely a diagnostician or a dispenser of milk.

The nurse in attendance explains and demonstrates to the mother the directions given by the doctor for preparing the food for the baby and later follows the case to the home to see that these directions are being carried out properly. She also makes a definite report on forms provided, showing the financial standing of the family and general home conditions. Later she pays other visits daily, weekly or monthly, according to the necessity of the case. Definite notes of these visits are taken and preserved with the history. This is probably the outstanding feature of the nurse's work. She establishes herself in the confidence of the mother, and can often render valuable aid in directing other members of the family to institutions and physicians when they themselves would not have seen the necessity of going.

Since the beginning of our work in June 1911, we have been able to carry on the work continually during the year and now have seven clinics during the week; four are held in the central clinic office at the City Hospital and three others in the basements of school buildings in various outlying parts of the city. We have now some interesting records which will show some benefits for which we claim at least a portion of credit.

In discussing this work with laymen we try to show them that even if not eligible for the Clinic, it is their children that we are talking about

just as much as the unknown and often forgotten poor and every member of society should have some interest in this problem.

Even amongst the classes which we handle for the question of feeding we make no effort to treat cases of illness but refer them to their regular physicians and only when they have none and are too poor to pay do we send them to the City Hospital. We ask the city to assist in this work with their contribution and with the membership fees and with other contributions, and enable us to carry on the work.

In addition to the work of the Baby Clinic, one should with the same equipment and staff, make some attempt to supervise the child of pre-school age. At such a Clinic one should take into consideration, weight, height, and development, deformities, mentality tonsils, adenoids and teeth, early recognition of heart condition, tuberculosis or syphilis and give advice regarding the regulation diet, habits and general hygiene.

The activity of the Women's Board whose duty it is to assist in the social side of our work is almost without limit in its scope.

The most essential branch is the relief work and the providing of free milk and other food supplies for babies and mothers whose means are inadequate for these necessities and also assisting mothers to provide sufficient and suitable clothing for their infants.

Many of the intelligent mothers are able to make or alter garments if only material is given them. In connection with this work, sewing classes are held during the winter for the purpose of instructing mothers in cutting out and making of infants' garments. The mothers are asked to pay the wholesale price for the material used, if the bread-winners wages warrant this. At these classes, short talks and demonstrations are given by the nurses on the care of the baby, personal hygiene, ventilation, etc., which are of an educational value to mothers.

In maintaining the supply of clothing, blankets and the other necessities for this work, the funds of the Board do not suffer. Many donations are made by individuals, churches, clubs and other societies.

In this manner close co-operation is established between various philanthropic associations and overlapping in relief work is to a certain extent provided and consequently the work is more efficient. A small amount is expended each year in assisting mothers in minor ways, such as sending a charwoman to relieve sick and discouraged mothers in an emergency, repairing eye-glasses, go-carts, carriages, etc., showing a practical sympathy on many occasions when it will tide over a difficult situation.

We have the assistance of a number of voluntary women helpers, one of whom is always present at the daily clinic, weighing the babies and relieving the stress of the work for the regular staff under the direction of a supervising nurse.

This campaign has certainly had a marked influence in showing the well-to-do classes not only the necessity of consulting their physicians regarding the feeding of their babies in difficult cases but many now bring their children regularly for inspection and advice when they know they are well.

SCOPE OF THE EFFORT.

This has been called the Century of the Child. Children always excite our sympathy more readily than adults and I can assure you that your interests in this work will give many of your workers, even in the beginning, a firm grasp of the modern viewpoint towards all charity work.

Charity should not stop with the collection of funds and the giving of alms. It must after thorough investigation strive to remove or prevent those causes which lead up to preventable disease or accident, or loss of employment, the low standard of living, intemperance, vice, crime, and all other factors which produce dependence and misery among the poor. One should be willing to spend much time and money in the study of this special problem in all its phases.

Phases of child welfare work in addition to what has been outlined above have to do with the consideration of various features, *e.g.* prenatal influence. The obstetrician of to-day wants to see his cases as soon as possible after pregnancy begins. It has been definitely shown that the proper supervision and care in the pre-natal periods can have a real influence in infant mortality.

Proper guidance and medical care can prevent to a considerable extent miscarriages or premature birth and can put the attendant on guard where there is any possibility of nephritis or intoxication of pregnancy or other ailments.

Perhaps the greatest benefit of prenatal care has to do with the question of maternal nursing and with the infant mortality in the early months.

The proper regulation of food exercise and rest coupled with education can considerably increase the ability and willingness of the mother to nurse her own baby. This is really the backbone of all child welfare work and every possible effort should be made to provide for the young infant the only food which nature has specially adapted to his own requirements of nutrition and growth.

While we know that the baby's own mother can give him the best product available it may be necessary under special conditions to organize a corps of wet nurses whose services will be available for such delicate, backward children who have been deprived of their own natural food. If the mother's milk is not available or other human supply not specially indicated we at once face the problem of a clean milk supply. A product

of the highest grade possible is desirable in the case of every artificially fed infant. A campaign to create a demand for such high grade or certified milk cannot fail to have its influence on the general milk supply and affect the problems which reaches all parts of society both in relation to pure food point of view and many questions in preventative medicine.

The relation of venereal disease to marriage will always have a bearing on the problem of infant mortality.

The education of the whole public regarding the dangers of these diseases whether infection be accidental or otherwise must be encouraged by every legitimate means.

In passing this let me merely state that statistics can be of no real value until we get a more complete birth registration.

Various schemes have been advanced to encourage this. In our campaign last year we had prepared a copy of a form used in Cleveland and issued same to mothers making application at our exhibition. Other schemes such as investigations of the cradle roll, better mother competition, public lectures, can all have some benefit.

The problems of the dependent, mental defectives and waywards all should have their fair share of study and attention.

We have our boys' home, girls' home, infants' home, children's shelter, day nursery and similar organizations. The day is not far off when all of these must pass away and in place of them we will have some development of the boarding-out plan with some small reception home in which such children will be only temporarily kept until some special provision can be made for the care of each individual case. Each child has a right to some of the benefits of home surroundings. The old system where such children are kept in hives similarly uniformed, even when admirably managed, according to our previous standard, cannot help but have a permanent effect on the mental attitude of the individual towards society in later life.

The problem of these different groups are all so intimately connected that it would be a great advantage to have them all under the care of one charitable organization.

As we have already shown the child welfare clinic has been extended to include the child during the pre-school age, and it were well if the study of the whole problem were made over to the end of the school period. We should make it our business to follow the plans of education from the beginning to the end.

Much has been done and much more remains to be done regarding the more capable supervision of the child during the years that he must spend at school. Just what this line should take is a special phase of the problem which can merely be touched on here. Both as physicians and

laymen, we must be made to more carefully check up the professional school teacher and not forgetting the whole machinery of education.

Some modification of the Montessori or the Garry plans must eventually be indicated by our complex system of social development.

Parents of the better class have too little time to study and direct for the activities of the growing man in reasonable division of his day into periods of study, rest and play.

In the cases of those less fortunate the arguments are even more urgent as for them will be added some need for a provision for food at least one of the meals of the day.

The object of our educational system itself must come under this study.

Do we as parents wish to have our children brought up as "soul-less and will-less machines", automatic dressed-up dolls, or do we rather wish to see them develop all of their energies to the highest state of efficiency in each personality? The growing mind of the next generation will control the future of the nation.

Have we not in the past been too particular about discipline and obedience and enforcing it too often with some form of punishment?

War hunting for pleasure and corporal disciplines are different expressions of tiger nature still present in man, which has to do with these emotions, hatred, jealousy, anger and fear, and which will be found at the root of so much of the evil and misery of to-day.

Can we not at least banish corporal punishment, that relic of barbarism, not only in its extreme form when children are outrageously beaten to the limits of brutality, but those minor blows administered by undisciplined parents and teachers in excess of passion or fatigue? Both of these can alone be based on the excuses of want of personal control, intelligent understanding of the psychology of the child mind, or an absence of Christian patience. Many a member present, if he carefully studied his memory of early experiences, will recall some instances of silent torment, varying between burning indignation and infinite despondency, often the result of an outraged sense of justice. Where was the love, tenderness, joy and trust which would have been so much more effectively used in adjusting the developing mental life? I try to teach all parents that I come in touch with that the training of the child is, if honestly carried out, a greater training for the parent than the child.

I do not wish to be understood as objecting to discipline. But discipline and obedience which depends on fear and punishing fails to develop a sturdiness of character and frankness, open-mindedness and independence. There will be an absence of essential courage and critical judgment. The victim is scared by the criticism of his neighbour, the gossip in circle or club. He easily falls for the passing fads of the day and

becomes subject to suggestions of the crowd in the hands of unscrupulous demagogues, or to quote a famous scholar "lured by seductive sirens", his life may be finally wrecked on the rocks of crime, vice, sin and disease.

We have heard a great deal of nonsense about eugenics, but surely people should not get married at all if they do not wish to take up the burden of having the children and then properly looking after them, not only their physical want but their normal mental development.

In these days one need hardly refer to the German system where auto-cracy still rules as compared to our British ideals, where each individual still has some rights and some opportunity to use his head. This is true democracy and as Roosevelt recently said, that both Canada and Great Britain have been able to show the world what this can do with vision, organization and foresight in our time of peril.

The educational system of the future must therefore give ample opportunity to liberty, individual observation and judgment and must stimulate to the limit physical, mental and moral self-control.

With all of this consideration of the educational scheme in operation we should easily link up some efficient system of school inspection.

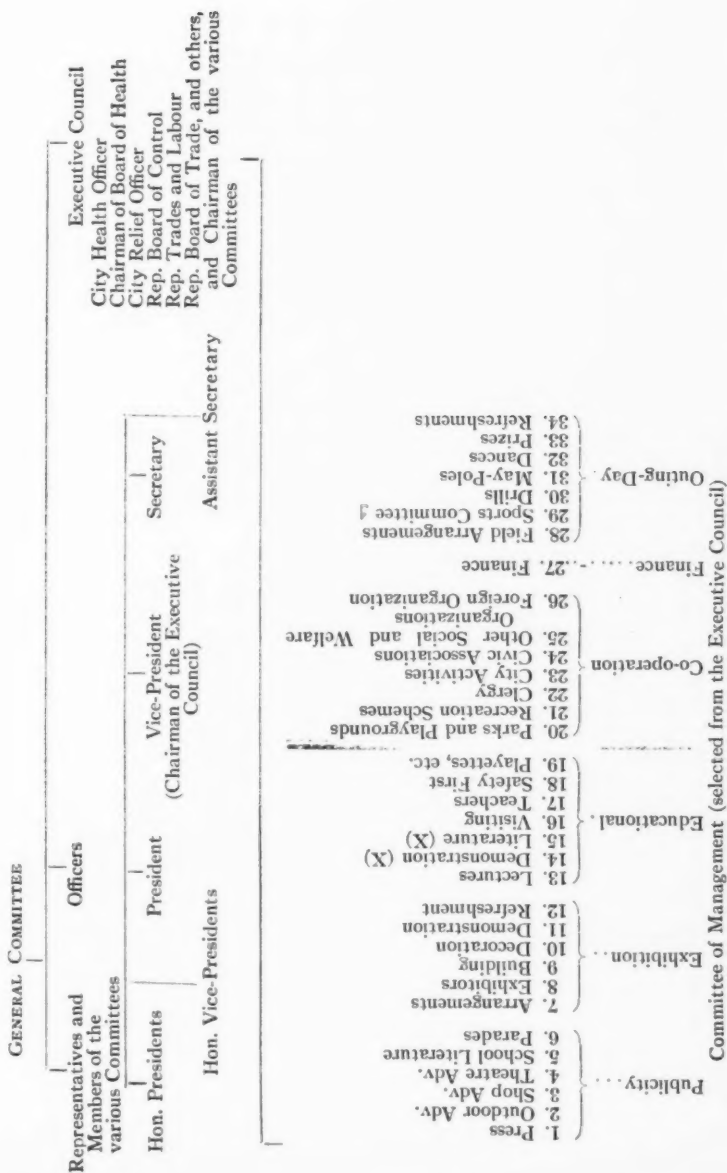
This should be inspection only and no effort should be permitted to encourage any beginning of the paternalism and the encroachment on the individual choice, when it is necessary to institute some form of medical supervision or treatment.

A SUGGESTION.

In the spring of 1915, after our early experience in that baptism of fire which has exacted its toll from the very cream of our manhood, it became evident to us that something should be done to stimulate an interest and keen consideration of the best methods for preserving ourselves and those that are to follow the rising generation.

The Baby Welfare Association of Greater Hamilton was organized and in June 1915, we put on our first baby week. We believe that this is the first effort in Canada to conduct an education campaign where no money canvass was made, and this continued the whole week.

A programme for baby week began with Saturday, and on Sunday many references were made from the city pulpits, some of the clergy devoting their entire sermons to child welfare. Monday was devoted to school children, when small illustrative booklets were given to each child with instructions to take some home and show them to their parents. Tuesday was given up to an open air Clinic of the Babies' Dispensary Guild. Wednesday and Thursday were set aside for visiting days. The committees and public generally were invited to make the rounds of the hospitals and institutional homes in the city as well as the



play grounds. Friday was an outing day; mothers and children in the city were entertained by the association in Dundurn Park.

During the last four years, our baby week has been repeated by this organization each year with a wider scope, larger ideals and more enthusiasm. During the past spring there was a general re-organization and the work put on a more extensive and permanent basis.

In planning this, the effort was directed to spreading the interest as widely as possible rather than centralizing interests for temporary efficiency. A brief description of this plan may not be without some interest to a few. This organization consists of a general committee which includes representatives of various charitable and social organizations of this city and active members of various sub-committees; the officers and the executive council.

The organization provides for the following officers. There are two honorary presidents, the present holders of the office being two well-known, highly respected citizens, who have been associated with child welfare work for a quarter of a century. The honorary vice-presidents include presiding officers of various associations directly associated with child welfare work. The president is the mayor of the city in office during the year. The 1st vice-president also acts as chairman of the executive council. In addition to this we have an honorary secretary and one assistant secretary.

The executive council includes those who have more or less official connection through the municipality and a small group of enthusiasts. The various sub-committees which have been prospected include some thirty in number at the present time. These have been grouped according to various activities into six main divisions over which a member of the committee management presides.

The organization of this work has not been fully completed but in laying out this plan we have prepared in a tentative manner for a large organization which should, if developed along democratic ideals, be an excellent means of interesting a large percentage of our population. Just how far this can be successful, the future alone can tell.

Tuberculosis

DR. H. W. HILL

London, Ontario

TUBERCULOSIS should be handled on the same public health lines as any other infectious disease—by finding the sources and stopping further spread from them; by blocking the routes of spread from unidentified sources so far as our present knowledge allows, and by a general enlightenment of the public that may lead everyone as a matter of course to avoid *all* sources and block *all* routes of *all* infection, identified or not, tuberculous or not; finally by aiding in the search for any system of protective operations which may induce the human body to resist the disease.

To survey the field first, let us classify cases of tuberculosis. Two main types we know affecting the human—human tuberculosis and bovine tuberculosis. These are produced by germs which are distinctly different bacteriologically although closely related no doubt. But the diseases themselves are quite distinct clinically. For instance, human tuberculosis is chiefly active and prevalent above the age of 16. Bovine tuberculosis in the human almost never occurs above that age, the vast majority of cases being in young children. Again human tuberculosis is, eight-ninths of it, a lung disease. Bovine tuberculosis is hardly ever found in the lungs, but is practically confined to bones, joints, intestine, brain, etc. Again, and most important to the health officer, human tuberculosis of all kinds is implanted from consumptives—from open cases of lung tuberculosis. But bovine tuberculosis comes practically always from using raw milk. The moment we cease to use raw milk or other raw products from cattle, bovine tuberculosis in the human will practically disappear. Pasteurization or boiling of milk will end that particular problem as soon as we are civilized enough to carry it out uniformly everywhere, and all the time.

Human tuberculosis will however continue despite everything else we may do until we either immunize the whole human race against it—and at present we have little reason to hope for this—or until we so closely watch the tuberculous members of the human race that spread from them ceases. The primary duties of the health officer in relation to tuberculosis are then, first, and least important, to secure universal pasteurization of all milk, for whatever purpose it is to be used, in order to get rid of bovine tuberculosis; second, and most important, to secure

(a) early diagnosis and prompt radical treatment of human lung tuberculosis in order that the patient may be prevented from reaching the open, infectious stage, and (b) the prompt isolation and radical treatment of all who have reached that stage in order to prevent the infection of others.

In the present unorganized state of civilian medical service, our efforts must necessarily be spasmodic and uneven, must fail in comprehensiveness, and fall far short of the ideal. Only annual, or semi-annual, or better still, even more frequent medical inspection of all citizens, can achieve the really early and efficacious diagnosis of tuberculosis. Until our civilian medical service is remodelled and made compulsory we shall continue to have to face a continual development of those cases which exist to-day in the early stage into cases which next week or next month or next year will be infecting new persons, which will have been infecting new persons for days or weeks or months or years before they are recognized at all.

Hence we shall probably secure our most immediately possible results best by extreme watchfulness for the open case and prompt isolation to prevent any more damage.

I am quite convinced that our sanatoria should be so devised that open cases never mix with closed cases. Further I am practically satisfied that our sanatoria for open cases should be so devised that the open cases do not mix with each other, at least while they are running septic temperatures. Everyone is convinced that on the discovery of an open case in a household, every other member of that household and all associates outside of that household should be registered, examined and watched for months, better for years, afterwards.

To accomplish these things as they should be done now is not practicable, but to accomplish them some day is absolutely necessary if the race is to pull out of its present terribly infected condition. It is therefore the bounden duty of every health officer to work as he may have the opportunity for the day when medical inspection of every citizen at frequent intervals and prompt action on the findings will be an accepted and natural routine. Then and then only will tuberculosis disappear—and with it not tuberculosis alone but all our severer infections as well. The army is doing an immense service in this line to educate the public in what a civilian medical service can and should achieve, and I believe fully that one good result of the great war will be the ultimate abolition of the infectious diseases, of which group human tuberculosis is so prominent and so direful a member.

You will be anxious to know what we do in general practice. First of all I am convinced that the common idea of people contracting tuberculosis in childhood is wrong, and I believe that a great many people

above the age of sixteen contract tuberculosis, and I am ready to spend four or five hours discussing that point with anyone.

Every health officer who assumes that he is dealing with adults only and needs not take into account any spread of infection among them is making a terrible mistake. Supposing we were to handle the army cases on that plan and were to allow all army cases to mix with the other soldiers, consider how senseless it is to regard the danger to adults from open infectious cases as well as to say it does not matter as long as they are not associating with children.

Our plan for handling cases is this: starting with the fact that someone has suggested to us that so-and-so has tuberculosis, what is the first thing we do? We ask, is he open or closed? How do you decide that? Sputum examination. What will tell if that man is open? One positive sputum result.

What will show if he is a closed case? We have come down to the basis which holds water both in the army and civil practice. If we get six consecutive negative results within a week or two weeks, we are satisfied that case is not open at that time. We do not say anything about three months later.

What is the logical distinction between these two classes of cases, the open and the closed? In the first place there is no question that open cases must be isolated at home, hospital or in sanatorium, and in London if they are not so isolated, we send the Police Ambulance for them and take them down to the sanatorium. If they do not stay after they are put in, we put them in jail, and bring them before the Police Magistrate.

With the non-open case that is not infectious, advise them as you chose, try to get them treatment at home, sanatorium or hospital as the case may be, and watch them. By having them report at frequent intervals or having a nurse see them at frequent intervals, we know whether that case is improving or going down. If they become open, we at once isolate them in some way.

Among children who very very fortunately are seldom open cases, our policy is to bring the matter to the parents in this way: Your child has tuberculosis; he is not dangerous to others; he can go to school as far as we are concerned, because he won't give the disease to other children, but he is in a delicate condition for his own future. The best thing in many instances would be to take that child out of school and send him to the preventorium or in some other way provide for them devoting themselves to the problem of recovery. In other cases the child can go on to school, but he must report to us every two weeks or every month as the case may be.

We are most fortunate in London in having one of the star men in tuberculosis work, Dr. D. A. Cragg, who is also military expert for the district and he looks after the cases for us.

One of the things we insist on most is this: When we find an open case of tuberculosis in a family, or a closed case for that matter, we do not rest with that case. We examine all the other members of the family also, and we do not merely devote ourselves to the patient but to all the members in the immediate household, and often to close associates outside. We are drawing the line very sharply between open and closed cases.

That applies in administrative lines also. If the patient is going free to the sanatorium and that case is a closed case, then it goes through all the usual processes of examination by an inspector for the poor and so on, and finally gets out to the sanatorium perhaps in three or four weeks, according to whatever the city routine may be in investigating to see if they are able to pay.

If it is an open case, I simply send it at once to the sanatorium or hospital, and it does not matter whether the city wants to pay for it or not, they have to.

That is the important distinction then. The open case is usually the adult case, and as far as these go we have the strong support of our local courts. Police Magistrate Graydon allows us to do exactly the same thing with tuberculosis as with chickenpox, if we put the case into court. Two hundred years ago, one quarter of the whole of Europe died of tuberculosis. If we can isolate cases of chickenpox, why cannot we do the same with tuberculosis and syphilis and get rid of death and disease and not monkey around with a lot of things that do not matter. That is what I think public health work is for.

Public Health Act—Its Scope and Application

F. G. FORBES

Judge of the County Court, Liverpool, N.S.

IN consenting to address a paper to this convention, it would be worse than presumption for that paper to contain any references, directory, corrective or suggestive, on any medical subject, but I was asked to direct my efforts to the legal aspect of the "Public Health Act", and chiefly to the extent of the powers conferred on the health officers and to the procedure necessary to enforce these powers.

Health and health alone really makes the people of a country prosperous. "True prosperity is shown in virile and comfortable living rather than in costly monuments over graves". "A sickly people means an anaemic nation". These trite sayings are merely academic, but they outline the great necessity for Public Health Acts such as "An Act to amend and to consolidate the Acts relating to the Public Health" passed this year by the Legislature of Nova Scotia.

This Act may be divided into several parts or be analyzed under different headings. It was in the year 1848, I think, that the first consolidated *Public Health Act* was passed in England. Up to that time the only legislative power was under "The Towns' Improvement Clauses Act, 1847". Our present Act and most of our Canadian Provincial Health Acts are moulded on the English Consolidated Health Act of 1848.

The principle is to make everyone have a share in the operation of the Act, by giving each a voluntary right and imposing on each an obligation, to see the provisions carried out, and second by making the County Boards and Local Boards to be chosen from local men by the several councils.

Our "Public Health Act" of 1918 provides for the appointment by the Governor in Council of a *Provincial Health Officer*, who shall hold office during pleasure and be paid such salary as the government decides. His duties are laid down in detail by Sec. 5 and Sec. 6 and S.S. They are varied, numerous and important and require his whole and undivided attention. He has all the powers conferred on Local Boards, Medical Health Officers and Sanitary Inspectors and may make all required regulations and rules, but I don't find that he is directly given any power to have his suggestions carried out unless he can convince a County or Local Board he is right. His efforts require a strong public

Read at the Association of Medical Health Officers of Nova Scotia, July 4, 1918.

opinion backing him to have the Local Board or Local Medical Officers carry them out.

The Act next provides for a *Provincial Inspector*, whose duties are defined by Sec. 7 and S.S.

The Act next creates *County Boards of Health*. This Board is an optional one and is only appointed upon request of the Town Councils and County Councils of any County. Where appointed they exercise a general supervision over all Local Boards in the County and act only when the Local Board has refused, failed or neglected to act. It might be that in populous districts such County Boards would have to act promptly and it would be possibly a wise move to have these regularly appointed in all our more thickly settled centres.

Local Boards of Health created by virtue of Sec. 11 and subsections, and sections following are the most important of all the County Committees and practically are the mainstay and support of the Medical Health Officer in carrying out his work. The Town Council of every incorporated town is a Local Board of Health, and the Medical Health Officer is the chief executive officer of such Board. Yet the Medical Officer is not a member of the Local Board, nor is the Local Board a legal corporation. These points should be covered as in Sec. 14, S.S. (3) and Sec. 15 of the Ontario Health Act is provided.

Ontario Act, Sec. 14. "There shall be a Local Board of Health for every municipality in Ontario. In towns over 4,000 population, the Board shall be the mayor, the Medical Health Officer and three resident ratepayers, etc.

In towns less than 4,000 and in every other municipality the Local Board shall consist of the head of the municipality, the Medical Health Officer and one resident ratepayer, etc."

Sec. 15. "Every Local Board of Health shall be a corporation by the name of "The Local Board of Health for, etc."

The same suggestion is applicable to the *Municipal Boards of Health* which latter are appointed by the Municipal Councils at their annual meeting. One Local Board for each polling district in the county is appointed. This same authority appoints a Medical Health Officer for the county who is *not* a member of any of the Local Boards. He should be, as his vote at such Board should back up his opinion.

The Local Boards of Health are as at present special committees of each polling district, with full and ample powers to make local regulations and to enforce the Medical Act and all its provisions for the general benefit of the polling district in which they have jurisdiction. They sit and act under the District Councillor as a committee, he being chairman, and take the advice of the Medical Health Officer or reject it, as they think fit. He has no voting power at the Board.

Under Sec. 29, subsection 1-4, the liability for any expenses incurred by these Local Boards is equitably well provided for by a fair distribution between the county and district.

After all, when the proper enforcement of the Health Laws is required, the duty falls on the one *great and only profession* that carries the life of the human being in the hollow of its hand from the cradle to the grave, that profession which embodies in itself through its teachings and practices those divine attributes of kindness, gentleness, mercy and forgiveness, and which make the medical profession the noblest and least selfish of all the professions.

Every Town Council and every Municipal Council shall appoint a town and a *County Medical Health Officer*. These officers carry the responsibility in the eye of the public for the full administration of the health laws, and should have the general support of the public and the particular support of the Local Boards. The duties of the Medical Health Officer are defined in Sec. 32 and Subsections and Sec. 33, 34, 35 and 36. These duties are important and well defined, but the Medical Health Officer can only carry them out as the officer of the Local Board of Health—Sec. 31. "The Medical Health Officer shall be the *Executive Officer* of the Municipal or Town Board of Health and it shall be his duty to see that the Local Boards of Health are duly *organized*. *He shall, with the Local Board*, be responsible for the carrying out of the *provisions of this Act* in his District and of the regulations and bye-laws of the Local Board". I do not find any language in the Act which compels the Medical Health Officer to enforce the provisions of Sec. 58 to 68 respecting "Venereal Disease", nor the clauses 69 to 100 "General Provisions".

These provisions, wise and excellent and in the general interests of the public, are really enforceable by anyone and everyone, and, therefore, by no one, and these with many of the "General Provisions", Sec. 69 to 100, are "*fili nullius*", and I suppose for their existence and future good behaviour will claim the Provincial Medical Officer as their putative father. All those *General Provisions* in Sec. 69 to 100 are good and healthy and the Medical Health Officer should be directed with the responsibility of seeing them carried out. I think he can possibly do this but I would advise it only on the authority of the Local Board. The Medical Health Officer can invoke the aid of any Stipendiary Magistrate and lay information under the provisions of Cap. 161 of Summary Convictions Act of N.S. and have an offender fined up to \$20, see Sec. 67 and 101.

The Medical Health Officer should be protected by a clause exonerating him from liability for costs and damages for any act done in the execution of his duty or while carrying out any provisions of the Public Health Act as in Ontario.

Ontario Act. Sec. 26. "Where an action is brought against a Local Board or any member, officer, or employee of a Local Board—by any person who has suffered damage by reason of any act or default on the part of such Local Board or any officer, or member, or employee of such Board, *the Corporation of the Municipality may assume the liability or defence of the action, and pay any damages or costs for which such Board or member or officer is liable, etc.*"

A slight epidemic such as measles, diphtheria or small-pox has caused the closing of schools and consequent loss to teachers financially and a check to their legitimate aims and ambitions and a break-down of the morale and *esprit-de-corps* of the scholars and a consequent loss to the district involved and the whole county and province, and it can invariably be traced to carelessness on the part of a *Medical Officer or Local Medical Board* and primarily to ignorance, indifference and neglect of some citizen who concealed the cause or neglected to report the case from fear it would cause the family some trouble or expense if found out.

Democracy will be more powerful and extensive after the war than it is to-day, and the sacrifice of the individual will be demanded in the interest of the community more promptly than it is to-day, and the official head or local medical commanding officer will have to act more promptly and be more efficient than he is to-day.

The great loss of human life demanded by war moves the public to adopt a habit of seeming callousness as the casualty lists come in. The fact remains that, after the war, no national activity or duty will be more vital than the *conservation of human life*. And the important point is that legislators will have to recognize this. The truth is pounded home with every succeeding engagement on land and sea, that the *conservation of human life* is now a part of practical affairs, something to receive its place in the every-day consideration of those responsible for national progress. Individual health has become, as never before, a matter of public importance.

Inevitably it must be recognized that the citizen who dies from curable, avoidable disease is lost to the nation as truly as the citizen whose life is taken by German artillery. The army recognizes the fact, as applied to soldiers, now. The result of organized, intelligent care of the soldiers is most amazing, but only because the system is thorough, directed from a central headquarters and backed up by the full force of official patronage and the national power. Gambling with death is a losing game. You cannot "beat the machine".

The issue is plain: will Nova Scotia take control and regulate the public health of its people according to order and method, adequately supported by official strength, or will the country continue in the grip

of a slouching Bolshevism as regards a matter recognized at last as one of supreme importance? Is it to be the way of life or the way of death for Canadians?

There should be but one answer to these questions from all Canadians willing to serve Canada by useful lives, no life being considered useful which is thrown away.

This paper is short and perhaps not as clear and definite as would be wished but I thank you for your kind invitation to deliver it and for your patience in listening, and I trust your session will be a profitable one.

The Eighteenth Annual Report of the Executive Council of the Canadian Association for the Prevention of Tuberculosis

GEORGE D. PORTER

Secretary

WHILE it becomes increasingly difficult to record anything of special interest in our annual report, yet it is with pleasure that we are able to report continued progress in our work throughout Canada during the year. The most striking evidence of this progress is naturally shown in the increased accommodation for the tuberculous in sanatoria and special hospitals. This however is largely due to the added claims of the tuberculous soldiers. But important as these institutions are they do not cover the entire field of work being done by those interested in the anti-tuberculosis movement. Institutions can be seen, but educational work and the formation of public opinion along health lines, which form according to Dr. Hastings "ninety per cent. of the permanent efficient work in public health administration" goes on steadily but often unseen.

As it is just nine years since our Association last met in the city of Hamilton, it is most natural to review the work as then presented, and compare it with the present, and it will be seen that since then, great strides have been made in the anti-tuberculosis movement throughout Canada.

At that time there were only six institutions in Canada. Now, apart from those opened by the Invalided Soldiers' Commission, there are forty. At that time there was only one institution west of Hamilton. This was in British Columbia and as the report then stated, its "sixteen beds taxed their accommodation to the utmost". Now there are ten west of Hamilton, and a proportionate growth in numbers east of this city.

The accommodation at that time throughout Canada for the tuberculous was about three hundred and fifty beds, now it is about three thousand. The money then spent in maintenance account in these institutions was less than one hundred and fifty thousand dollars per annum, this year's reports apart from those of the Invalided Soldiers' Commission show more than nine hundred thousand dollars in the total maintenance expenditures of the various local sanatoria. Some three million dollars have been spent in plants in Canada, which is considerably less than the amount spent for ordinary hospitals with the same

Read at the Annual Meeting of the Canadian Association for the Prevention of Tuberculosis, Hamilton, Ont., May 27-8, 1918.

accommodation. These figures show a wonderful growth during the past decade.

While the National Sanatorium Association was the pioneer organization in Canada, and by far the largest and the one in Nova Scotia was the first provincial institution, the sanatorium at Hamilton was the first local or county institution in Canada, and is not only a fine example of voluntary organization and civic spirit, but has proved an inspiration to other counties and cities, as evidenced by the springing up elsewhere of like institutions, such as those at London, Brantford, Essex County and other centres.

In all these centres while the provincial government greatly assists by its grants, and the municipalities and the counties add their share, yet their beginning and growth are invariably due to the leadership of some public spirited citizens. Here in Hamilton you have been most fortunate in that respect and among these none could have a larger place than Mrs. P. D. Crerar. The growth of the work in this city will best be seen by those delegates fortunate enough to accept the kind invitation of the Hamilton Health Association to visit the Mountain Sanatorium this afternoon.

In all this work education plays a leading part, and for arousing and stimulating public interest in this great movement throughout Canada, our Association, we feel, has been directly and indirectly responsible for a large share.

It will be needless to go fully into the details here of this growth which has been more or less general throughout the Dominion. In spite of the war we have been enabled by our Federal grant to provide free literature which has been widely distributed. This includes 10,000 reports, over 15,000 pamphlets and hundreds of thousands of leaflets. Our new posters have proved most useful and have met with an excellent demand. There are sets of them in every Canadian sanatorium, every dispensary, in numerous travelling exhibits, in some schools and colleges, and in a few factories. Last month we had a request from the Rotary Club of Vancouver for a large number of them, for the purpose of stimulating public interest in their campaign for raising \$75,000 for a tuberculosis Clinic in that city, and in expressing their appreciation they spoke of them as being "Graphic and immeasurably valuable posters", while the Invalided Soldiers Aid Commission recommended them strongly as being most suitable for educational purposes. We have also some over in France with the American Commission there, and some in the United States.

The Ontario Educational Department has printed an authorized edition for use in public school libraries, of our pamphlet on tuberculosis, the material for which we are indebted to the American Association.

This pamphlet has had a wide circulation and should prove a great educational value to the public.

Through the courtesy of our president, Mr. Machado, we have received the assistance of Dr. Wilfrid Grenfell in the distribution of some of our literature in Labrador and Newfoundland. This makes a beginning of our work in these fields.

While we do not intend detailing the various local activities here, yet we cannot omit calling attention to the opening of the large new pavilion for tuberculous soldiers at London this year. This is one of our finest buildings and is a credit to the London Health Association and to their leader, our former President, Sir Adam Beck.

The new hospital for Quebec City is now complete and will accommodate one hundred patients.

The Saskatchewan League also has erected a Sanatorium at Qu'Appelle which will be greatly enlarged by Federal and Provincial assistance for the care of tuberculous soldiers. The work in this Province was started by the Commissioner of Public Health, Dr. M. M. Seymour, with the assistance of our Association some eight years ago, and, while somewhat delayed, that work is now bearing fruit.

As pointed out by Dr. Parfitt in the Invalided Soldiers Aid Commission report and by Dr. Elliott in our own report of last year, "Tuberculosis bears practically the same ratio to other forms of disease in the army as it does in civil life". In the last Bulletin of Invalided Soldiers Aid Commission we find that there were in April 1918, 965 overseas patients in Sanatoria, 237 camp patients, with 64 on furlough, making a present total being attached to Sanatoria 1266.

It is our intention to obtain from the army, if possible, records of those rejected on account of tuberculosis and follow up these cases in an educational way as is now being done in the United States.

From accounts, more or less official, received from European countries tuberculosis is very rife over there, due no doubt to lessened resistance from lack of food, and war conditions generally, such as overcrowding and contact with open cases, and the death rate from this disease has increased somewhat in Great Britain since the war. In this connection may we urge the value as a health measure of the first importance, of the present efforts at greater food production. Even were there no question of the fear of starvation, none can dispute the great importance from a national standpoint of retaining the vitality of our people, and for this the increase of food production stands easily first, and if true here in Canada, how much more necessary for those suffering abroad.

We have just received some posters used by the American Commission on Tuberculosis now working in France. You will notice on one of these striking French posters this sentence, "The German Eagle must be conquered. Tuberculosis should be also".

While doing all in our power to achieve the former, we must not forget that the health of our people is of supreme importance in these same efforts, for anything that lessens tuberculosis adds more men to our fighting line, as tuberculosis hits hardest in the prime of life. The last Ontario Provincial Board of Health Report shows very clearly that the ravages of this disease are most evident in those between the ages of 20 and 29—in other words, the military age.

The January number of *The British Tuberculosis Journal* contains a symposium on tuberculosis and the war, and we cannot do better than quote from some of these timely articles, for what they suggest regarding conditions and their betterment in the old land holds true for Canada as well. As pointed out here by Sir William Thompson, "The treatment of tuberculosis in Sanatoria (in Great Britain) since the outbreak of the war has and is becoming increasingly difficult", and the tuberculosis worker, according to Dr. John Guy "should strongly support every movement likely to make for the physical betterment of the race, such as Child Welfare schemes, fuller provision for open air schools, more physical culture in the schools, teaching of mothercraft and home visitation by nurses, household management and improved housing conditions".

Sir Garrod Thomas continues, "As far as in our power, facilities should be given to enable such tuberculous patients as are physically fit to be trained and to be engaged in healthy occupations. Though there are many desirable occupations available, even that is not enough; the conditions of working must be hygienically and economically right. It is easy enough to train patients in sanitary habits and hygienic customs when they work together in colonies, or are congregated in institutions set apart for tuberculous subjects, but the real difficulty and the practical leakage comes when these tuberculous cases return to their own homes and fall back into their old surroundings, and that is where the best and most promising work is to be done; and yet it is the centre of effort that presents the greatest difficulty. There will always be breeding-places for tuberculous cases until people know the value of fresh air and general healthy conditions, and seriously act upon such knowledge; the aim should be to make every home a sanatorium, and until that ideal is reached there will always be fertile nurseries for fresh cases in country and town homes alike".

We can conclude with nothing better than the words of Dr. Thomas Nuttall, for with his sentiments we are sure all tuberculosis workers must agree: "Whoever—whether Minister of Health or other official," he says—"will supply our industrial and poorer classes with more airy and commodious dwellings, and will, further, insist on the institution and maintenance of hygienic conditions in the homes and workshops of our land, will have the honour of achieving one of the most important reforms ever brought about by man".

President's Address

18TH ANNUAL MEETING CANADIAN ASSOCIATION FOR THE PREVENTION
OF TUBERCULOSIS

IT is a matter for sincere congratulation that the Eighteenth Annual Meeting of our Association should be held in this beautiful city of Hamilton. For not only is Hamilton noted for its generous hospitality but it is also noted for the public-spirited co-operation of its citizens in a well organized and efficiently carried out programme of constructive work for the fight against tuberculosis. By the study of the work being done by our friends in Hamilton, we can learn much that will be helpful and inspiring to us all, and we can return to our various homes more than ever encouraged to carry on and to enlarge the work that we have been doing.

Our country is still at war and no one can tell how long it may still go on before a victorious peace shall be won. One thing is sure and that is that Canada and her allies will see it through. We long for peace, but until we have won the victory we should not think of peace, nor talk of peace, but bend our whole energies to the prosecution of the war until truth and right and justice shall have been acknowledged by our enemies as the true and only basis of right relationships between all the nations of the earth.

The war has brought upon our empire great sacrifices of life and treasure and great suffering to millions of innocent people. When we think of these things we are overwhelmed with the hideous picture it presents and the injustice of those who are responsible for bringing it upon the world. At the same time the war may be productive of the greatest good if we read its lessons aright and take advantage of its experiences in order to make a great advance in all those matters which affect the general welfare. At no time in the history of our country have men's minds and souls been so aroused to what citizenship means, and as a result we can to-day initiate plans, as war measures, which would not be possible in normal times of peace when we are all too prone to interest ourselves in our ordinary occupations and to forget our real duties as citizens. The war has brought us face to face with our responsibilities, and as our bravest and best have gone to fight for us overseas it is incumbent upon us here at home to see that we are not found wanting

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It is our solemn duty and our splendid opportunity to so plan and work that our sons when they return will find that we have been helping to lay the foundation for a better and a greater Canada. We ought at this time to take counsel together and prepare wise plans and select careful builders for the new home that is our ideal. Above all, we must select the best possible foundation, and that foundation is surely good health, for nothing else so vitally affects the every day life of all our people.

Our association occupies a unique position to be of service in this great work of reconstruction. For our special problem touches most of the vital problems of everyday life—housing, food, education.

We cannot deal with our special problem without considering these all important questions, and it would appear that the time has come when we should make very special efforts to co-ordinate all the agencies, federal, provincial and civic, that are engaged in these problems, in order to prepare and initiate a nation-wide programme in which all can take an active part.

Personally, I believe that the most fundamental need is the proper and thorough education of the children of Canada in all that pertains to the health of the community and the individual. This war has clearly proved the truth of the old saying that the "children of to-day are the men of to-morrow". Our German enemies have turned this truth to the building of a nation of warriors. For example, for many years past the school children of Germany have been obliged to carry their books in knapsacks, and this was explained to an American friend in words somewhat as follows: "We are training our children to be soldiers, so all German children carry their books in knapsacks. As they progress, the books used increase in numbers and weight. So that when they leave the high schools the weight carried is about equivalent to the pack a soldier carries". In the same German city, kindling wood was delivered in large carts drawn by fifteen to twenty school boys who were harnessed to the cart and so were trained to work and pull together. These are small things and perhaps seem trivial but by such methods Germany has built up a machine of immense power. Germany has used education for the destruction of mankind. Let us use it just as efficiently for the training of our children to those higher and better purposes which are reflected in service to our fellowmen.

As a layman, I speak with diffidence in addressing a body of professional men, and so will not enter into further details of the technical plans that would be necessary in a nation-wide movement, but as a layman and employer of labour, I cannot too urgently emphasize the importance of educating the school children in all health matters; of giving them careful medical examinations co-ordinated with physical training and exercise and diet, in order to build up a better and a stronger race

of Canadians who will enable Canada to maintain a high place among the enlightened nations of the world.

In closing I would like to pay a tribute to the work of our Canadian Association. I recently wrote to the secretaries of our various Provinces for a detailed statement of the work being done by each province in the fight against tuberculosis, and it is most gratifying to see how generally they have made and are making use of our educational pamphlets and posters.

Our Association has done good work, but in view of present conditions and opportunities the time has come to adopt a larger and broader programme. We should take the lead in endeavouring to bring about as soon as possible a closer co-ordination of all the agencies that are working for the elimination of tuberculosis. The splendid work that is being done by the Military Hospitals Commission has opened the eyes of the Canadian public to the vital need and great importance of this work, and therefore makes it possible that we should take a great forward step at this time.

May I express the hope and recommend for your consideration that before our meeting adjourns, we may appoint a special co-ordinating committee which shall consider and report to your executive as promptly as possible how best to secure the united efforts of all our public health and welfare agencies, so that the highest efficiency and best results may be obtained.

The Social Background

Canadian Conference on Public Welfare

Dates—December 5th and 6th, three sessions each day.

Place—The hall of the Central Y.M.C.A., Carlton St., Toronto.

Programme—Thursday, December 5th: Morning, Registration, The Federation Movement. Afternoon: Venereal Diseases, Mental Hygiene. Evening: Mother's Allowance. Friday morning: General Business, Session and Round Table Discussion. Afternoon and evening: Housing and Reconstruction.

A detailed programme giving speakers, etc., will be given next month.

"Canadian War Experience"

REV. P. J. BENCH

Supt. of Catholic Charities, Toronto

THE following is the main outline of a paper read before a great gathering held in Washington of the representatives of the Catholic Charities from all parts of the United States. Father Bench was the only Canadian asked to take part in the programme and his paper was so highly regarded by one of the members of the U.S. government present on the platform at the time, that it was ordered to be printed as a government paper.

There is a story about a man who was bemoaning the war to an Irishman who had just enlisted. "It is a terrible war", he said, "an awful war". "It is so", agreed the Irishman, "but sure, it is better than no war at all."

The war indeed might be worse were it capable of paralyzing or destroying among the belligerents all effort but war effort. Happily, however, such is not the case.

The war has brought with it untold sacrifices, grievous sorrow and unimagined burdens; but the spirit it has evoked is in itself a certain compensation. We have convincing proofs without number of countless instances of love and heroism, of deeds of valour surpassing anything that fondest hope could picture, performed "over here" and "over there", many of which will never and can never be known even to history, that this awful, hideous, soul-exasperating state of warfare has brought to the surface and which a century of peace could scarcely have accomplished.

The war is exercising a great socializing influence of the highest and best sense on the lives of those at home, and slowly but surely is the conviction growing and spreading that it would be but simon-pure hypocrisy to have our men overseas helping to make the world "safe for democracy" unless we who remain at home in comparative comfort and safety are determined to make our democracy a clean and decent one; where men, women and children may have an equality of opportunity for living sane, healthy, happy and Christian lives.

If this be one of the results of the frightful toll of human blood, and we think it will, then all the suffering will not have been in vain and the Irishman's remark will prove to have contained at least a half-truth.

When in August 1914, to the consternation of the world, the menagerie of wild beasts from the banks of the Rhine was let loose on civilization and threatened to devour it, Canada, although comparatively safe through her geographical location, realized that if the front-line trenches of civilization were carried in Europe, the second line, which would surely include this side of the Atlantic, would then be attacked. Acting on that conviction Canada entered the war, from purely altruistic motives, with unselfish purposes for the sake of advancing freedom and protecting that God-given gift to a nation—the right to determine how it shall be governed. As a free nation she threw in her lot with Belgium, France, England and Russia, determined to sacrifice everything, if need be, that justice might be restored to its lawful position in the affairs of men.

As to our reasons for declaring war on Germany, I quote from a recent speech of our Prime Minister: "It was impossible for Canada to take any other course than that which she followed in this war. It was taken by the unanimous voice of her free parliament, which upheld the determination reached by the government on that fateful day in August more than four years ago. Men speaking in praise of her effort sometimes say that she came to the aid of the Mother Country. I have not so regarded it. Canada entered this war as one of the free *nations* of the great Britannic Commonwealth because the struggle imperilled its existence and because the purposes for which that struggle was undertaken were, in the opinion of her people and her parliament, just and righteous. She fights with no aggressive or selfish purpose, but to secure the peace of the world, to safeguard liberty and to maintain public right".

In the early months of 1914 Canada for practical purposes had no army, but before the year expired some 31,000 Canadians had crossed the Atlantic. Those men were recruited by voluntary enlistment and many were married and fathers of families. That the families and dependents of our army overseas should be enabled to live at a fitting standard of comfort, and that the men should be free to "carry on" without fear of financial embarrassment at home, the government allowance to

soldiers' dependents was supplemented, by a considerable amount, from a fund, contributed by citizens from all parts of the Dominion, which is known as the Canadian Patriotic Fund.

After four years of war the fine generosity of the Canadian people towards all branches of war relief work, is as evident and as easily aroused as in the early days. We have, however, adopted more business-like methods and "The War Charities Act, of 1917" is largely responsible for this improvement. The whole object of the Act is to make sure that all the money raised for sufferers through the war reaches these sufferers with as much economy as possible.

In a few months after August 1914, the returned soldiers gave us another problem to solve. The expenditures required for the solution of this problem are borne by the Government and I am here chiefly concerned with the mental and social effects observed in our returned men. For this purpose a number of priests in different parts of the Archdiocese of Toronto investigated some one hundred families of returned married soldiers, and reported to Archbishop McNeil as follows:

The object was to ascertain what effect the military experience of these returned men had upon their sense of responsibility to their respective families, and upon their disposition to lean on public authorities for future support.

In forty of these cases no change was observable in practice. They are as willing as before to support their families by work. As soon as their period of convalescence was over and they were able to resume work, these forty men began to support their families. This does not mean, however, that they have not formed their own opinions. They are conscious that the country owes them a great deal, because they answered its call for help, and, as a rule, are more disposed to accept government aid, if they can get it. But in practice the bond of family affection and responsibility is not weakened in their cases. The mental effect is not so much a sense of dependence on the State, as a desire to combine with other returned soldiers to control the State in their own interest as a class. This desire is more marked as long as they remain in military dress; as soon as they don the clothes of civil life, their former habits and ideas seem to resume greater sway.

In twenty of the observed cases, the men showed a marked improvement in all their duties, including duties to their families. Their conversation shows that the influence of the military chaplains and the vision of the Catholic Church in other countries had an improving effect upon them; and, no doubt, the military discipline and the facing of death in a spirit of faith contributed substantially.

In some cases it was noticeable that the men returned more refined. There is much serious discussion in trench and camp. All sorts of sub-

jects, especially those bearing on social justice—such as the distribution of wealth in the world—are discussed, and so a process of education goes on.

There were six cases of marked deterioration. They were not good men going, and military life gave them the opportunity to become worse. There were six cases of desertion, where the husband abandoned his wife and family and for which only the "call to the wild" can be offered as a reason.

Many others show symptoms of discontent and resentment towards authority. The crippled, the shell-shocked, the gas-poisoned and the handicapped in the race of civil life, feel there is something cool and patronizing even in the attitude of those who want to be kind and helpful. They feel there is not that heartfelt gratitude they expected to receive from a people who owe the security of their property, their liberty and their lives, to the men who risked all in France. They forget that gratitude is a very precarious foundation on which to build and that in the long run their success or failure will depend upon the civilian qualities of enterprise, energy and concentration.

While we recognize the problem and readjusting soldiers to civil life will be immensely greater and more difficult when they return in larger numbers, yet our general experience in Canada warrants the following conclusions:

- (1) That the presence of the father in the home is a much more important factor in family training than we have been accustomed to regard it. He may be absent all day at work, and may show small interest in family affairs when he returns, but still his influence is vitally important. The mother has so much to do with the immediate direction of the children that we are inclined to give her all the credit; but results in Canada show that many families deteriorate to a deplorable extent during the prolonged absence of the father. The substitution of strain and anxiety for the sense of assured protection and genuine assistance, has resulted in not a few instances of an utter breakdown of all morality, which shows how essential was the presence of the husband to her success as a wife and mother.

- (2) That all possible means should be adopted to urge the wives and families of absent soldiers to keep in constant touch with them by correspondence and by occasional parcels sent by mail. This tends to keep the home and its standards before the men and powerfully reinforces the work of the chaplains. It also helps the wife to remain faithful to her husband.

- (3) That the change from military to civil life and dress should be effected as rapidly as possible after the soldier's return. A lengthened period of idleness and irresponsibility is fatal to the sense of duty. It is then that the collective spirit of the returned soldiers, and the talk

about the duties of the public authorities to support them during the rest of their lives, work upon their minds.

(4) That it would have been better for Canada's social welfare if conscription had been adopted when we declared war against Germany, and if fewer married men had gone to the front.

It is true that social unrest is greater among young soldiers than among married men; but this unrest is not at all confined to soldiers. It pervades the ranks of workmen who remained at home; and in any case, the break-up of so many families through the death of the husband, the misconduct of the wife, and other causes, is probably a greater evil than the moderating influences of the older men in the trenches can redeem.

(5) That the abundant sending of Catholic newspapers, pamphlets and magazines to the soldiers in the camps and at the front, is a work of social beneficence. The men have ample time for reading and anxiously look for articles bearing on the subjects of their daily conversation. It is unquestionable that the incentive to read Catholic literature is greater "over there" than at home.

Viewed from any angle, Canada's experience with war during the last four years fixes us in our resolution to go on with the struggle until an end is made, once for all, with militarism and the habit of settling international disputes by wholesale slaughter. Justice is not to be had in that way. Absolute justice may not be meted out by a league of peace any more than it is meted out by our national law courts, but at least it would approach nearer the ideal and be less of a reflection on the humanity and intelligence of mankind.

The day is fast approaching when returned soldiers will be soldiers no longer, but civilians. They shall wield considerable influence owing to the experience gained as actors in one of the greatest dramas of history. At this juncture, it is impossible to define what the exact nature of that influence shall be, but it is hoped that the principles of liberty, democracy and justice, for which they bled, shall not be forgotten in times of peace.



The Provincial Board of Health of Ontario

Spanish Influenza

The following information upon Spanish influenza (so-called) has been issued by the Board to all the physicians and Medical Officers of Health in Ontario.

Investigations carried on by the Canadian Army Medical Corps overseas, have developed the fact that the so-called Spanish influenza has a different causation from that of the ordinary la grippe of 1889 and which is due to the bacillus influenzae commonly called Pfeiffer's bacillus. The causative organism in the present outbreak is believed to be a very small gram-positive diplococcus found in the upper air-passages of infected persons. The infection is commonly passed on by direct personal contact, drinking utensils, towels, etc.

SYMPTOMS.—Clinically the disease simulates influenza. It is an acute febrile infectious condition of three or four days' duration. The most striking symptoms are: Sudden onset with chills, severe headache with pain in cervical, dorsal, and lumbar regions, also pain in limbs and general malaise. The face is somewhat flushed and herpes labialis is to be noticed in a few cases. The fever soon attains its maximum, which varies from 99 degrees to 102 degrees. Several cases were observed in which the maximum temperature was 103 degrees to 104 degrees. Usually the highest point is reached on the second day, then follows an abrupt crisis, and on the fourth day the man feels practically normal. Many cases develop a cough, harsh in nature, with a thick sputum, scanty in amount and constant in appearance. It is not the greenish sputum of influenza proper, but is of a white mucoid nature. The urine is somewhat scanty, the appetite poor, and the bowels are constipated.

It will be noted: (1) That the pyrexia is of shorter duration; (2) that the total course of the disease is shorter; (3) that the gastro-intestinal symptoms are slighter than in the form of influenza due to the bacillus influenzae, commonly called Pfeiffer's bacillus. It is also noteworthy that convalescence is rapid and that as yet we have noted no cases of relapse, recurrence, or of complications. It must be remembered that the cases under our observation were young, healthy soldiers in prime physical condition.

Cases of infection should be sent to bed and the services of a physician secured.

Report of Communicable Diseases for September, 1918.

SMALLPOX.—Reports of the secretaries of Local Boards of Health for the month show a few cases of this disease still exist in the province, and are confined to four municipalities—Ottawa 8 cases, St. Thomas 1, Wallaceburg 2, and Gloucester Township 1. In addition to the above a small outbreak was reported by our sanitary inspector in an Indian settlement in Nipissing district, where 5 cases with 1 death occurred. As the responsibility to look after such outbreaks amongst Indians rests with the Department of Indian Affairs, Ottawa, the report was referred to them.

SCARLET FEVER.—The returns made of this disease show an increase of 27 cases over August last and 30 cases in September last year, but the death rate is low, only two being reported.

DIPHTHERIA.—It is satisfactory to know the number of cases reported are much less than in some former months of the year and 86 less than in the corresponding month of 1917, as may be seen in the comparative table. With the improved conditions it is most desirable that Medical Officers of Health and physicians should realize the fact that in the first case of communicable disease are the potentialities of an epidemic—hence the necessity of strict isolation of such first cases.

MEASLES AND WHOOPING COUGH.—These diseases did not prevail to the same extent as in the month of August when we had 348 cases and 6 deaths of measles as against 28 cases and 1 death for September. The reduction in whooping cough is not so great, but it is pleasing to know there were 70 fewer cases, although the deaths remain the same.

TYPHOID FEVER.—As usual this disease is much more prevalent during the months of August and September than other months of the year, and this year is no exception. It is gratifying to know the epidemic in the cities of Chatham and Kingston has subsided as indicated by the reports for the month.

The cases reported from the Local Boards cover some 63 municipalities, showing its prevalence is not confined to any particular district or locality.

The municipalities reporting more than one case are as follows: Toronto 21, Kingston 8, Orillia 5, Wallaceburg 7, Cartwright Township 8, Chatham 26, Sarnia 9, Hamilton 2, Cochrane 7, Whitney 8, Brantford 5, London 2, Renfrew 2, Cache Bay 9, Dresden 2, Ottawa 7, Peterboro 2, Erin Village 3, Gowanda 2.

Forty-two other places reported 1 case each.

INFANTILE PARALYSIS.—Seven cases and two deaths were reported from the following places: Toronto 3 cases, Brantford, Kingston, Welland, Chesterville Township and Caledonia Township, and Ramsay

Township 1 case each, Smiths Falls 2 cases. The cases in Welland and Charlotteville Township were fatal.

CEREBRO-SPINAL MENINGITIS.—Only 4 cases occurred: Toronto 3 cases and 2 deaths; Hamilton 1 case 1 death.

VENEREAL DISEASES.—The reports made by the Medical Officers of Health gives 367 cases as against 397 for the month of August, as may be seen in the Comparative Table. One death from syphilis occurred. Some 20 Health Officers reported *no* cases in their municipalities.

TETANUS.—Two deaths were reported by the undertakers, 1 in Hamilton and 1 in Van Kleek Hill.

Communicable Diseases

COMPARATIVE TABLE

FOR SEPTEMBER, 1918

<i>Diseases</i>	1918		1917	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
Smallpox.....	17	1	6	1
Scarlet Fever.....	127	2	98	1
Diphtheria.....	230	18	316	15
Measles.....	110	1	104	0
Whooping Cough.....	179	11	172	7
Typhoid Fever.....	165	24	111	11
Tuberculosis.....	172	95	118	76
Infantile Paralysis.....	11	4	27	1
Cerebro-spinal Meningitis.....	4	3	9	6
	1015	159	961	118

COMPARATIVE TABLE

FOR THREE MONTHS: JULY, AUGUST AND SEPTEMBER

<i>Diseases</i>	1918		1917	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
Smallpox.....	76	1	43	0
Scarlet Fever.....	386	8	263	6
Diphtheria.....	589	39	776	47
Measles.....	1205	3	495	2
Whooping Cough.....	594	35	482	14
Typhoid Fever.....	447	66	222	24
Tuberculosis.....	556	320	436	181
Infantile Paralysis.....	17	6	68	4
Cerebro-spinal Meningitis.....	30	13	15	5
	3900	496	2800	289

The increase in deaths in 1918 over 1917, especially in Tuberculosis, is due to the Undertakers making returns of deaths that Secretaries of Local Boards of Health fail to make.

VENEREAL DISEASES REPORTED BY MEDICAL HEALTH OFFICERS
FOR THE MONTH OF SEPTEMBER, 1918

	1918 <i>September</i>	1918 <i>August</i>
Syphilis.....	114	108
Gonorrhoea.....	246	280
Chancroid.....	7	9
	<hr/> 367	<hr/> 397

Canada Food Board Information Division

THE world is apt to forget that there are 10,000,000 people, Belgians and French, who have to be fed and clothed by the sheer spirit of what we call humanity in the rest of the white peoples. Improving war news has not altered the position of most of them. There are children who have never known anything but the state of slavery. Over 200,000 tons of shipping, secured by arrangement from the Swedish Government for use in non-war zones, have been devoted to carrying in the coming year the food and clothing which we must send from this side of the Atlantic to this trampled-on but unconquerable people. The following foodstuffs will have to be transported across the Atlantic in the next twelve months.

Wheat, Barley, Rye and Corn for Bread purposes	42,500,000 bus.
Beans.....	2,200,000 "
Rice.....	3,300,000 "
Corned Beef.....	26,400,000 lbs.
Pork Products.....	277,200,000 "
Soap.....	66,000,000 "
Coffee.....	26,000,000 "
Food for the Children.....	(No estimate)
Cocoa.....	18,000,000 "
Condensed Milk.....	55,000,000 "
Sugar.....	40,000,000 "

At best, the cost will be nearly \$280,000,000. The Dutch and Spanish governments, through their agents in Belgium, will see that these supplies are not misused by the German army.

"Spanish Influenza"--"The Flu"

The following article appeared in Chicago papers of Thursday, October 3rd, as an advertisement occupying four columns of space. It was inserted by the Commissioner of Health. As it contains most interesting and useful information regarding the "influenza" epidemic which is now so widespread, it is reproduced here in full.

THE most accurate information obtainable in regard to influenza is given in the article below, which was handed to me by Surgeon-General Blue with the request that it be brought to the attention of every man, woman and child in the city of Chicago.

WHAT IS SPANISH INFLUENZA? IS IT SOMETHING NEW? DOES IT COME FROM SPAIN?

The disease now occurring in this country and called "Spanish Influenza" resembles a very contagious kind of "cold" accompanied by fever, pains in the head, eyes, ears, back or other parts of the body, and a feeling of severe sickness. In most of the cases the symptoms disappear after three or four days, the patient then rapidly recovering; some of the patients, however, develop pneumonia, or inflammation of the ear, or meningitis, and many of these complicated cases die. Whether this so-called "Spanish" influenza is identical with the epidemics of influenza of earlier years is not yet known.

Epidemics of influenza have visited this country since 1647. It is interesting to know that this first epidemic was brought here from Valencia, Spain. Since that time there have been numerous epidemics of the disease. In 1889 and 1890 an epidemic of influenza, starting somewhere in the Orient, spread first to Russia, and thence over practically the entire civilized world. Three years later there was another flare-up of the disease. Both times the epidemic spread widely over the United States.

Although the present epidemic is called "Spanish influenza", there is no reason to believe that it originated in Spain. Some writers who have studied the question believe that the epidemic came from the Orient, and they call attention to the fact that the Germans mention the disease as occurring along the eastern front in the summer and fall of 1917.

HOW CAN "SPANISH INFLUENZA" BE RECOGNIZED?

There is as yet no certain way in which a single case of "Spanish influenza" can be recognized; on the other hand, recognition is easy where there is a group of cases. In contrast to the outbreaks of ordinary coughs and colds, which usually occur in the cold months, epidemics of influenza may occur at any season of the year; thus the present epidemic raged most intensely in Europe in May, June, and July. Moreover, in the case of ordinary colds, the general symptoms (fever, pain, depression) are by no means as severe or as sudden in their onset as they are in influenza. Finally, ordinary colds do not spread through the community so rapidly or so extensively as does influenza.

In most cases a person taken sick with influenza feels sick rather suddenly. He feels weak, has pains in his ears, eyes, head or back, and may be sore all over. Many patients feel dizzy, some vomit. Most of the patients complain of feeling chilly, and with this comes a fever in which the temperature rises to 100 to 104. In most cases the pulse remains relatively slow.

In appearance, one is struck by the fact that the patient looks sick. His eyes and the inner side of his eyelids may be slightly "bloodshot", or "congested", as the doctors say. There may be running from the nose or there may be some cough. These signs of a cold may not be marked; nevertheless the patient looks and feels very sick.

In addition to the appearance and the symptoms as already described, examination of the patient's blood may aid the physician in recognizing "Spanish influenza", for it has been found that in this disease the number of white corpuscles shows little or no increase above the normal. It is possible that the laboratory investigations now being made through the National Research Council and the United States Hygienic Laboratory will furnish a more certain way in which individual cases of this disease can be recognized.

WHAT IS THE COURSE OF THE DISEASE? DO PEOPLE DIE OF IT?

Ordinarily the fever lasts from three to four days and the patient recovers. But while the proportion of deaths in the present epidemic has generally been low, in some places the outbreak has been severe and deaths have been numerous. When death occurs it is usually the result of a complication.

WHAT CAUSES THE DISEASE AND HOW IS IT SPREAD?

Bacteriologists who have studied influenza epidemics in the past have found in many of the cases a very small rod-shaped germ called, after its discoverer, Pfeiffer's bacillus. In other cases of apparently the same kind of disease there were found pneumococci, the germs of lobar pneu-

monia. Still others have been caused by streptococci, and by other germs with long names.

No matter what particular kind of germ causes the epidemic, it is now believed that influenza is always spread from person to person, the germs being carried with the air along with the very small droplets of mucus expelled by coughing or sneezing, forceful talking, and the like by one who already has the germs of the disease. They may also be carried about in the air in the form of dust coming from dried mucus, from coughing and sneezing, or from careless people who spit on the floor and on the sidewalk. As in most other catching diseases, a person who has only a mild attack of the disease himself may give a very severe attack to others.

WHAT SHOULD BE DONE BY THOSE WHO CATCH THE DISEASE?

It is very important that every person who becomes sick with influenza should go home at once and go to bed. This will help to keep away dangerous complications and will, at the same time, keep the patient from scattering the disease far and wide. It is highly desirable that no one be allowed to sleep in the same room with the patient.

If there is cough and sputum or running of the eyes and nose, care should be taken that all such discharges are collected on bits of gauze or rag or paper napkins and burned. If the patient complains of fever and headache, he should be given water to drink, a cold compress to the forehead, and a light sponge. Only such medicine should be given as prescribed by the doctor, it is foolish to ask the druggist to prescribe and may be dangerous to take the so-called "safe, sure, and harmless" remedies advertised by patent-medicine manufacturers.

If the patient is so situated that he can be attended only by some one who must look after others in the family, it is advisable that such attendant wear a wrapper, apron or gown over the ordinary house clothes while in the sick room, and slip this off when leaving to look after the others.

Nurses and attendants will do well to guard against breathing in dangerous disease germs by wearing a simple fold of gauze or mask while near the patient.

WILL A PERSON WHO HAS HAD INFLUENZA BEFORE CATCH THE DISEASE AGAIN?

It is well-known that an attack of measles or scarlet fever or smallpox usually protects a person against another attack of the same disease. This appears not to be true of Spanish influenza. According to newspaper reports the King of Spain suffered an attack of influenza during the epidemic thirty years ago, and was again stricken during the recent outbreak in Spain.

HOW CAN ONE GUARD AGAINST INFLUENZA?

In guarding against disease of all kinds it is important that the body be kept strong and able to fight off disease germs. This can be done by having a proper proportion of work, play, and rest, by keeping the body well clothed, and by eating sufficient wholesome and properly selected food. In connection with diet it is well to remember that milk is one of the best all-around foods obtainable for adults as well as children. So far as a disease like influenza is concerned, health authorities everywhere recognize the very close relation between its spread and overcrowded homes. While it is not always possible, especially in times like the present, to avoid such overcrowding, people should consider the health danger and make every effort to reduce the home overcrowding to a minimum. The value of fresh air through open windows cannot be over-emphasized.

Where crowding is unavoidable, as in street cars, care should be taken to keep the face so turned as not to inhale directly the air breathed out by another person.

It is especially important to beware of the person who coughs or sneezes without covering his mouth and nose. It also follows that one should keep out of crowds and stuffy places as much as possible; keep homes, offices, and workshops well aired; spend some time out of doors each day, walk to work if at all practicable—in short, make every possible effort to breathe as much pure air as possible.

"COVER UP EACH COUGH AND SNEEZE, IF YOU DON'T YOU'LL SPREAD DISEASE"

Don't worry! There were eleven fewer deaths in Chicago during the last sixteen days than during the same period last year, in spite of the impending epidemic.

JOHN DILL ROBERTSON,
Commissioner of Health.

Correspondence

Ontario Medical Association

Hamilton, September 30th, 1918.

To the Editor,
CANADIAN PUBLIC HEALTH JOURNAL,
Toronto, Ontario.

Dear Sir:

In view of certain information which appears in the Canadian Practitioner and Review, in an article by A. H. Wright, B.A., M.D., it seems desirable that this should receive some attention at the earliest possible moment.

As the matter contains certain references which attack me personally, reflecting on my character and the underlying principles which governed our actions in the conduct of the preliminary arrangements for and other incidents connected with the Canadian Medical Week in Hamilton including business of the Ontario Medical Association, I am placing my resignation as 1st Vice-President of the Ontario Medical Association in the hands of the President of the Ontario Medical Association. I am asking him that the fullest opportunity be given for the consideration of these matters by the Executive and by the Committee of General Purposes of the O.M.A. which will be presently convened.

Let those who wish for the downfall of the recent democratic plan of organization of the O.M.A. come out in the open and appear before the parliament of our profession and make such definite charges as they think necessary and give those who have been maliciously attacked the fullest opportunity to present evidence in their defence.

I cannot but believe that the writer was badly advised in the preparation of the said article. One and all of the profession of this Province have always looked up to him as a much respected teacher, councillor and intimate friend and many of us will regret that he has taken this means of appearing publicly in print without first making some personal effort to justify the insinuations which have been so cleverly implied.

I would particularly request that no editorial comment be made in our columns until this matter has been finally settled at such an investigation.

Yours very respectfully,

J. HUERNER MULLIN.

The Church and National Efficiency

The following interesting series of letters has been written to THE PUBLIC HEALTH JOURNAL in reference to the editorial on "The Church and National Efficiency" in the September issue.

To the Editor of THE PUBLIC HEALTH JOURNAL:

The editorial entitled "The Church and National Efficiency" which appeared in the September issue of THE PUBLIC HEALTH JOURNAL is marked by the myopy concerning Catholicism which is so widespread in non-Catholic circles. That Catholic churches in Toronto and everywhere else are open every day of the week from sunrise to sunset ought to be known to the average citizen, yet the writer of the editorial in question seems unaware of this fact. For him, as for so many others, the Church seems to mean Protestantism and nothing else. For instance he writes: "The Church has pretty much given up the foolish invectives against cards and dancing which were so common in the past". Now the Catholic Church has never condemned either, though she has been very prompt in pointing out the dangers of abuse existing in both.

Again, the writer in question asks, concerning the fallen woman of the streets: "Could not the Church—the very church she belonged to once—have done something more than merely deliver homilies to her from the pulpit? Could her church not have been made so attractive that the lurid charms of the street would be repulsive beside the healthy normal thing?"

Here we have the idea now dominant in non-Catholic circles that the church is simply a social club house with a faint aroma of sanctimoniousness sprayed through the atmosphere. Whether the type of woman referred to ever belonged to a church is a point to be determined. But suppose that she did, in what better way could the Church have kept her on the path of virtue than by setting before her the beauty of purity, the dignity of redeemed human nature, and the consequences of sin? In addition to this the Church has another and more helpful safeguard against sin, namely prayer, communion with God, sacramental grace. Of the existence of these the writer of the editorial in question seems to be entirely unaware. And in this he is just expressing the prevalent social club idea of religion. The words of our Lord: "My house is a house of prayer" appear to be non-existent to the very large circle he represents.

In this criticism there is no intention of undervaluing the sincerity of the editorial in question or belittling the very important question it raises. Many centuries ago the Catholic Church looked after the social needs of her children along the very lines suggested in this editorial. There were dances on the village green on Sunday afternoons (there are yet in some European countries). The beautiful guild halls were places

of social reunion. Indeed here in Toronto there are Catholic churches which have halls with moving picture shows, hand ball alleys, etc. I believe that a vastly greater amount should be done under church auspices to counteract dangerous, by providing wholesome, attractions.

But let me say that whilst this is work along the right lines, it does not go to the root of the trouble. The root is the lack of definite religious education. Man's dignity, destiny, duty as set forth in the pages of the Old Testament and the New must be driven home by a living speaking authority, Calvary and its lessons, sin and its consequences—these and these only will prove effective barriers against the violence of youthful passions. Some of the saddest tragedies of Toronto have been enacted in homes where every advantage of social refinement was at hand. Attractions of a social nature will help and help mightily; better dwellings, better living conditions will be potent helps; but the rightly developed conscience is the most important consideration by far.

L. MINEHAN.

To the Editor,

PUBLIC HEALTH JOURNAL.

Dear Sir:

I have read with deep interest your timely appeal to the Churches to take a more active part in the betterment of social conditions, and to use, where practicable, their buildings for that purpose. You are aware, no doubt, of the large amount of work, both of a preventive and rescue character, which is being carried on; but it is sadly obvious that the fringe only of great problems is being touched, and that great evils are rife and rampant in our midst. Can we not do more than we are doing? That is the question which confronts every citizen and churchman.

I have for some time been of the opinion that the time is ripe for a movement which shall have for its object the focussing and concentration of the large mass of moral idealism, which undoubtedly exists in such a city as Toronto, upon such problems as your letter refers to. Month by month now we see bands of men leaving their business and giving time and energy for the raising of patriotic and philanthropic funds. The Rotary Club, with its demand for personal service, could multiply its members many times over, did its rules permit. And the women are behind the men in acts of public service. But no organization exists to crystallize on a much larger scale the widespread desire for dealing with many of our city problems. The Moral and Social Reform Council of Canada, with its few carefully chosen representatives from the various churches and organizations, has not in the past made any definite effort to capture the imagination and to enlist the support of the large body

of citizens who are anxious for reconstruction. They have been a deliberative and legislative organization. But now the time has come, it seems to me, for a new movement, gathering the fruits of their labours—a movement of a more general and public character. This, in my judgment, should not be officially connected with the Churches for the following reasons:

1. A definitely Church movement would lose the support of many who are enthusiastic about reform, but who have no connection with the Churches.

2. Many in the Churches are scarcely awake to the fact that their religion involves social responsibility; these retard the action of their Church and of any body with which their Church is affiliated.

3. A Church movement, and an appeal from federated Churches,—assuming that such an appeal could really be secured—would not be likely to win such a generous response as an appeal on the basis of citizenship and public morality.

This does not mean, of course, that Church people would not support the movement, or that they would not loan their buildings for any suitable purpose. No doubt they and the clergy would give it their heartiest support. But as a matter of "efficiency" I am of the opinion that far the best results would be secured by a movement more on the lines of "the Citizens' Committee of 100". It would give me the greatest joy to support such a step.

In conclusion, Mr. Editor, I would say that if you can make any practical suggestion, as to how the large Institutional Building of which I have charge, may be used along any of the lines suggested in your letter, it will receive, I can assure you, the most sympathetic consideration from all who are connected with St. James' Cathedral.

Yours, etc.,

St. James' Cathedral, Toronto.

H. P. PLUMPTRE.

P.S.—In Montreal an attempt has been made to meet certain aspects of the returned soldier problem by a sort of model "Hut" in Windsor Square. I am told that the project is meeting with a large degree of success, and the scheme seems worthy of consideration elsewhere, and perhaps of adoption on a much larger scale.

Walmer Road Baptist Church, Toronto.

October 5th, 1918.

Dear Sir:

In reference to your Editorial on "The Church and National Efficiency" let me say, that one cannot but appreciate the spirit which prompts your article. Nor can one blind himself to the pressing problems which

you note; they are manifold, complex and insistent, and the church dare not, without loss to herself, refuse any social ministry she may be able to perform. Your suggestion that the churches be used as community centres is an admirable one, and is being tried in many places, with varying measures of success, and doubtless it could be extended with manifold profit to society. After giving all credit to such social activities of the church, however, and recognizing the great value of the practical service you suggest, we are faced with the fundamental question, as to whether it is the function of the church to provide those "normalities" of life, of which you write, the lack of which, it is implied, is the cause of many of our social ills.

Speaking broadly, the function of the church is to moralize and spiritualize human life, by living and proclaiming moral and spiritual ideals and by the fashioning of private and public opinion among those to whom she ministers. Any active and direct social service which she may render can never be thought of as a final solvent for our social problems. Such service at best can only be a palliative, and in so far as we can mitigate the pain of the social body we are bound in love to do it. The church cannot refuse the obligation to play the "Good Samaritan"; at the same time she has a firm conviction that the problem should be handled before the man falls into the hands of robbers on the Jericho Road. In other words, the point of attack against many of our social ills lies back in the field of Economics. Economic conditions that issue in poverty, housing problems, health problems, child welfare problems, humiliating and artificial social distinctions, and a dozen other irritations that tend to break down the walls of self-respect and natural pride, are often more to be blamed than primal immorality. Natural instincts and passions are forced into abnormal ways that otherwise would flow through normal and natural channels, but for the economic conditions which forbid such natural outlet. Judged by such results, economic conditions are immoral, and as such the church has an obligation to proclaim fearlessly, a social and economic ethic. When all is said and done, the only weapon possessed by the church for dealing with the *sources* of social problems is moral suasion toward those who are the creators of conditions that issue in the problems that confront us.

Keeping in mind this fundamental question of sources and origins, as the only point of attack when seeking a final solvent, and remembering also that the mightiest and only weapon of the church is Moral Suasion, I heartily endorse your suggestions along the line of practical endeavour as palliatives for conditions that are with us here and now.

The social problem before your mind as you wrote was evidently that of prostitution, and I grant you that I see no reason why the churches should not become the centres of cultural as well as religious life, and by

implanting worthy ideals, through the "Expulsive power of a new affection" save many a life from the "Primrose Path" which to put it mildly ends in a misery that is unrelieved.

Yours sincerely,

JOHN MACNEILL.

Northern Congregational Church, Toronto,
October 7th, 1918.

To the Editor of

THE PUBLIC HEALTH JOURNAL,
Toronto.

Dear Sir:

It was with deepest interest that I read your recent editorial on "The Church and National Efficiency", and with the utmost sincerity I desire to congratulate you on its timeliness and suggestiveness.

In the first place, as a minister, let me state how thoroughly I agree with you that it is one of the greatest functions of the church to have a large and leading share in the work of social reconstruction. No individual church is true to her duty who fails in this. Her place in any community should be one of constantly increasing activity in the things which really count for individual and social regeneration. What these are will be conditioned by local circumstances and local needs. But it is the business of every church to find these out and adjust her life and activity accordingly.

Now I do not take it that you mean to suggest by your editorial that the things you outline as a challenge to the church have not been attempted by her, for surely every fairminded critic will agree that individual churches in every community of any size have provided just the things that you suggest, even, in some cases to allowing dancing in parish halls. There are scores of churches all over the land which are "alive with energy and life" and where there is a constant planning for "civil and social betterment".

Where then can the church do better? Is there any evident fault in her attitude towards life that makes her influence in these particular things below the point of greatest effectiveness?

To answer the last question first,—let me say that I think the average layman's idea of his church is entirely defective in regard to this point. His church to him is a mere spiritual club, where he pays for certain spiritual illumination and guidance, instead of being an organization through which he can express himself in actual service for his community. This may be the fault of a pulpit that has dwelt too much in other worldly abstractions and insisted too much that the main business of the indi-

vidual is to save and develop his own soul. But given Christ's idea, *i.e.*, the readiness to "lose" life in service and at once you have a dynamic force that must express itself in practical service, and at once you will open wide her doors and thrust her members out into every form of social service, not separated from but as an organic part of her normal life.

I say then that the church can do better as she insists that this is the ideal for her life,—that this was Christ's thought of her highest function in society. If this ideal is kept constantly before her there will be no failure to enter into spheres of practical activity. Her buildings will be consecrated not simply for the worship of God but equally so for serving the highest welfare of men.

In short my conviction is that the present failure of the church to do her utmost lies principally, not in lack of material equipment, but in the failure of the great mass of her members to be seized with the true ideal of sacrificial service for the community and the social circle.

Possibly when sacrifice is no longer called for on the field of battle, the spirit which sends men "over the top" to victory may express itself in a revitalized church ablaze with interest in and love for men of all grades and conditions.

Sincerely yours,

FRANK J. DAY.

College Street Presbyterian Church,

Toronto.

The Editor,

THE PUBLIC HEALTH JOURNAL,

Toronto.

Dear Mr. Editor:

I desire to express my interest in and appreciation of the editorial in your last issue on "the Church and National efficiency". Although largely critical of the Church and her social efforts, the article shows that the writer fully realizes what the Church may do and be as a moral and social force in the community when once, unitedly and aggressively, she gives herself to this part of her great task.

It must be admitted that in the past, as you suggest, the Christian pulpit has been dwelling more on the "don't" of the Old Testament than on the "do" of the New. It is also evident that her pulpits until recently preached too exclusively a Gospel of personal regeneration and neglected to lay enough stress on the social message and application of Christianity. It is true, too, I think, that individual congregations have not done enough to minister to the physical and intellectual as well as to the spiritual needs of their young people. We might have saved many from

impurity and evil if our methods had been more practical and intelligent, and our vision broader and clearer. So far your criticism of the Church is sound and reasonable.

But some of your statements are altogether too sweeping. It is scarcely a fact that "the average church is closed except on Sundays". The Church surely to your knowledge has done something more for the prostitute than "merely deliver homilies to her from the pulpit". I moreover do not believe that any great movement for civil and social progress has been initiated and made a force in recent years without the valuable co-operation of church leaders. In the Social Service Councils of City, Province and Dominion, on the committees of the Neighbourhood Workers' Association, in the child welfare work, in the crusade against Venereal Diseases and Tuberculosis, on all these and similar Boards and organizations, have not the churches been largely represented and actively engaged?

Besides there are any number of churches in Toronto "alive with energy and life on other days than Sundays". Institutional features, club life and social activities are common in all parts of the city. Already supervised dancing and educative moving pictures are introduced into the week day work of several congregations.

Of course I am not arguing that the churches have made the contribution that they could have done towards social betterment. Your article helps to draw attention to this fact. But the social conscience of the Church is being aroused. "Service for Humanity" is the passion which possesses the soul of the Church of this new day. Her old out-grown divisions are being forgotten and members of all Communions are uniting as never before in practical and social effort on behalf of the last, the least and the lost for whom the Master Christian gave Himself. Be a little patient, continue your constructive criticism and the Church of to-morrow, I believe, will more than measure up to the ideals you have for it.

Faithfully yours,

R. B. COCHRANE.

Church Office,

October 5th, 1918.

St. Paul's Methodist Church, Toronto.

October 8th, 1918.

Dear Doctor,

Your article in the September number of THE PUBLIC HEALTH JOURNAL entitled "The Church and National Efficiency" is quite in line with that of many medical men, who do not really seem to know what the Christian Church in America is doing.

You seem to think that because the main auditorium of the average Church is used only on the Sabbath that the rest of the sacred edifice is disused during the week-days. As a matter of fact the Sabbath day services of the Sabbath are inspirational to all forms of social, educational, and philanthropic activities, which are being carried on during the week. You will find sewing rooms in churches where Christian women sew from 10 a.m. till 5 p.m. You will find gymnasiums fitted up for boys and girls. You will find bowling greens in some church property. You will find Men's Associations carrying on self-development and parish relief work of various kinds.

At no period of history was the Christian Church so thoroughly the inspirational centre of philanthropy and social service and National Efficiency as at this hour. Every pulpit in the city last year helped the Victory Loan. At no time in our Church life was the church so sympathetic towards a right form of government. Nearly every pulpit in Canada showed a very vital interest in the last Dominion Election. Nearly every Church in Canada has become an inspirational centre to maintaining national efficiency in the military struggle now going on. As the morale of France has been steadied and quickened by religion so has that of Canada. Towards mental hygiene, and towards the prevention of vice, and towards the unfortunate mental defectives who become the victims of lust you will find the Church profoundly concerned. When the noble medical men who have done so much to assuage the sorrows of sex sins invited us to come together to face the tragic facts we did so. For the first time in my life I saw a gathering of ministers in the Physics building to look into the facts of venereal diseases. At this gathering were distinguished Jewish Rabbis, Roman Catholic prelates, and ministers of every Protestant denomination in Toronto. Show us how we can help you and we will assuredly do it.

But the Christian Church cannot place physical disease in the first place in its category of duties. The Church must deal with human personality in its very widest sense, and cannot restrict itself to any secondary phase of life.

That the Church can do very, very much more between Sabbaths to alleviate the sorrows about her goes without question. That some churches are opened but once a week is also true. But even these will be found to be centres of much unpublished practical good. Your article will do good if it stirs us all into a fuller development of the unused forces, which undoubtedly may be found in every Church, in every Medical Council, in every College, and in every Parliament.

WILLIAM H. HINCKS.

Editorials

Influenza

THE present epidemic of influenza sweeping over the country is not the first we have known nor does it appear to differ greatly from the epidemic which raged in 1889. Pfeiffer in 1890 discovered a bacillus (the *B. influenzae*) which seemed to be fairly constantly present in the sputum and respiratory tract of patients and it was supposed that its causal relation to the disease was settled at that time. The discovery of the same bacillus in a large percentage of cases of whooping cough, measles, scarlet fever and chronic bronchitis, however, was somewhat disconcerting. A few months ago in an article by Little in the "Lancet" a small gram positive diplococcus is described as the probable causative organism.

J. J. Keegan in a recent number of the "Journal of the American Medical Association" makes the statement that the disease is caused by a special virulent strain of the influenza bacillus against which individuals of the younger generation have relatively no immunity. "In from 5 to 10 per cent. of persons affected it develops into a massive and very fatal broncho-pneumonia. This pneumonia is primarily caused by the influenza bacillus, this micro-organism being recovered from 82.6 per cent. of the lungs at necropsy in 31.6 per cent. of which it is found in pure culture". The further statement is made that the disease promises to spread over the entire country, attacking between 30 to 40 per cent. of the population and running an acute course for four to six weeks in each community.

The Connaught Laboratories of the University of Toronto, acting in co-operation with civil and military authorities, have undertaken a research as to:

1. Whether the causative agent is a filterable virus.
2. Whether it is *B. influenzae*.
3. The possibility of producing a prophylactic vaccine.

It is fortunate indeed that the Connaught Laboratories stood ready to step into the breach and it is hoped that their findings will be of considerable value.

The Church and National Efficiency

Last month THE PUBLIC HEALTH JOURNAL printed an editorial on the above subject. This month a number of well known clergymen have been good enough to express an opinion on the subject matter of the editorial in question and letters from them appear in the present issue. A thoughtful perusal of these letters will repay our readers.

Further editorial comment on the subject will be given next month. Meanwhile the object is to stir up discussion on a subject which THE PUBLIC HEALTH JOURNAL feels to be very important. Constructive criticism from clergymen, church members or others will be welcomed in the columns of THE JOURNAL.

